

Housing with Care: Improvement Plan Report

[September 2020 - Week 2]

1. Ensure all service user documents are personalised, high quality, accurate and up to date		Overall status: AMBER
Key tasks and deliverables	Progress	CQC domain(s)
Check and assure the quality of all service users' care files, ensuring they are fully person-centred and accurate.	A	Responsive Safe
Ensure effective systems in place to oversee review dates of care files	A	Well-Led
<p>Impact: Care plans are detailed enough to enable staff to provide personalised care to service users, and service users' risk of harm is minimised through comprehensive risk assessment and mitigations. The service is responsive to service users needs, and documentation is updated to reflect this.</p>		
<p>Quality Assurance Manager Commentary:</p> <ul style="list-style-type: none"> • 1.02% care plans and risk assessments are incomplete. This is an improvement of 0.06% since last week. • 1.56% of care plans and risk assessments are out of date. This is an increase of 0.42% since last week. This data changes frequently and is influenced by the Quality Assurance Managers weekly report that runs on a Thursday. This weekly report has been working well to drive change. • 89.22% of documents have not been updated to reflect if SU (or an appropriate person) has signed to agree with content. This is an improvement of 0.88% since last week. The scheme managers were advised of this new question in the most recent meeting on 7 August 2020. GA and Registered Managers to ensure this message continues to be relayed to managers. The Quality Assurance Manager is also visiting all Scheme Managers before the end of October to discuss how this document works. Feedback from managers has also been that some documents are unable to be signed due to covid-19 related restrictions. • The registered managers receive weekly reports on a Thursday, as of July 2020, and are advised which areas to focus on to support this process. • Quality Assurance Manager audited 10% of all care files in July 2020 (20 across 4 schemes). Individual guidance has been provided for relevant scheme managers and a 1-1 support session has been held with these schemes. A HwC wide report has been produced for all managers to review, with clear recommendations made. The scheme managers were advised of the findings from the audit on 7 August 2020. Quality Assurance Manager will audit 12.5% of all care files on a quarterly basis to ensure within any 12 month timeframe, 50% of care files are being audited and improvements can be made. Next audit date is October 2020. • Care Plans have been produced in a multi-agency capacity. • Scheme Managers have ongoing oversight of the quality. 		

2. Embed an effective and responsive quality assurance framework		Overall status: AMBER
Key tasks and deliverables	Progress	CQC domain(s)
Review the existing quality assurance framework to ensure it is reflective of current practice and existing systems.	A	Well Led
Implement and oversee all quality assurance processes within the framework.	A	
Embed internal quality monitoring, data analysis and reporting mechanisms.	A	
<p><u>Impact:</u> Effective quality assurance oversight and processes enables the service to identify and address any issues with quality and safety, and to ensure lessons are learned and shared to all staff. This aims to minimise issues with safety or quality, whilst enabling an effective and quick response to any issues that do arise.</p>		
<p><u>Quality Assurance Manager Commentary:</u></p> <ul style="list-style-type: none"> • Spreadsheet available to identify when individual care plans and risk assessments are due for review and overdue. It can also show us the % of completed care plans at a 'whole service view' level. This is overseen by the Quality Assurance Manager and weekly reports are sent to the Registered Managers to support them and the schemes. • Existing internal reporting mechanisms have been reviewed to ensure they are more fit for purpose. These are: safeguarding, accidents and incidents, complaints, compliments, tenancy movement, staff absence and covid-19 related data. These are managed by the administration officers and Quality Assurance Manager. Reports will be produced quarterly with any lessons learnt and potential recommendations to the running of the service. Next report due end of September 2020 (Q2). • Monthly lessons learned sessions continue to be held. These are managed via an assurance system that pulls through information from all relevant incidents, notifications, safeguarding alerts and complaints. The Registered Managers and Quality Assurance Manager meet weekly to review this. • Final version of the QAF was sent to all managers on 20 August 2020 - awaiting feedback. GA would then plan to organise a meeting with the Scheme Managers and Team Leaders to discuss its use and processes. • HwC CQC improvement plan is up to date: this is to highlight significant achievements and areas in progress. This is reviewed monthly. 		
3. Provide staff with comprehensive training and support to enable them to deliver excellent care		Overall status: AMBER

Key tasks and deliverables	Progress	CQC domain(s)
Staff check-ins to take place every 6-8 weeks, and standardised forms saved in central system	A	Effective
<p>Impact: Staff will have the skills, resources and support to deliver excellent care, improving the quality of care and safety of service users.</p>		
<p>Quality Assurance Manager Commentary:</p> <ul style="list-style-type: none"> • Spreadsheet in place for monitoring check-in dates. This is a working document and will be finalised at the end of October 2020. Firstly, a historic overview has been created to indicate overdue and unrecorded check-ins since July 2019 - August 2020. This accounts for 14 months; in line with the policy of check-in's being delivered a minimum of every 8 weeks, the data shows we have met this target and provided an additional 229 check-ins across the whole of HwC. This tells us that check-ins are being delivered more frequently. However, more work needs to be done to analyse individual schemes. The Registered Managers are maintaining oversight of this data and speaking with the Scheme Managers. The Quality Assurance Manager is also visiting all Scheme Managers before the end of October to discuss how this document works. Secondly, an overview is in place from 1 September 2020 and a report will be run every 8 weeks (in line with policy). It is recognised this is a large piece of work and a deadline for managing this has been set for the end of October 2020 - the Quality Assurance Manager will then review. • Rolling programme of training continues with records kept of attendance - mindful of face to face training lost due to covid and acknowledgement we are likely to be behind. Workforce Development continues to provide monthly reports. Quality Assurance Manager has met with workforce development and the registered managers to review current spreadsheet and see where improvements can be made to support reporting and understanding timeframes. It is recognised this is a large piece of work and a deadline for managing this has been set for the end of October 2020 - the Quality Assurance Manager will then review. Training via L&D plan for 2021/2022 not yet been set but to include: <u>communication with PPE and Restraint Reduction Network Standards</u>. 		

4. Implement improved systems and processes for storing and managing service user files		Overall status: RED
Key tasks and deliverables	Progress	CQC domain(s)
Work with digital colleagues to appraise options for improved management of service user and staff files	R	Safe Well led
Make improvements to existing file management systems	A	Safe Well led

Implement an updated process / system for management of files	R	Safe Well led
<p>Impact: Improved systems to manage files will enable greater oversight of service delivery from the registered location, better management of risks and reviews, a more efficient and effective process reducing administrative work for care staff, and less room for human error within key documents.</p>		
<p>Quality Assurance Manager Commentary:</p> <ul style="list-style-type: none"> • Estimate time frame for procurement process 1. The procurement documents were sent on 04.09.2020 via pro-contract (procurement platform) 2. We then allow 10 working days for the documents via each vendor to come back to us - 18.09.2020 3. As a team we then need to review the documents and score - 30.09.2020 4. Budget of winning vendor to be discussed with the budget holder and approval confirmed - 02.10.2020 5. Legal to then review the T&C's - there is no time frame for this and there is an acknowledgement that legal teams are short staffed at present, but they have been prepped that this piece of work is coming their way. 6. Winning vendor advised; HwC to then follow vendors implementation plan and align alongside our relevant teams (this work is ongoing) • The deadline for this project was always September 2020 - this is delayed and is now not likely to be in place until the new year, 2021. • Existing file management systems, in the meantime, will be discussed in more detail through quarterly care file audits and the QAF. A shared drive has been created; Quality Assurance Manager to review how this will be used moving forward to ensure processes are more streamlined and clear. 		

5. Increase communication and engagement with service users and relatives throughout care planning and wider service improvements		Overall status: AMBER
Key tasks and deliverables	Progress	CQC domain(s)
Ensure all service users and relatives feel fully involved in care planning process - this is to be monitored through: <ul style="list-style-type: none"> - Care plan audits to ensure service user and relative voice is recorded - Co-production events where service users and relatives are involved in the development of systems to ensure their voice is heard - Monitoring of spreadsheet which indicates if service user signature has been ticked (new) 	A	Caring
Continue to deliver a 'working together group' to facilitate co-production of key service improvements and practice - being managed remotely due to covid.	A	Caring
Continue delivery of quarterly friends and family forums, adapting the format and logistics to meet needs - being managed	A	Caring

remotely due to covid.

Impact:

Engaging service users and relatives in care planning and wider improvements being made will ensure the service is personalised and user-led, improving outcomes for service users.

Quality Assurance Manager Commentary:

- Quality Assurance Manager and Registered Managers to liaise with Schemes re SU signatures and to be reviewed during care plan audits.
- “Working together” co-production groups were planned and the group had identified initial priority - to co-produce a simplified summary of new care plans - last meeting held 28 August and attendance was high, meeting went well and feedback was positive.
- Friends and Family forums are planned to take place quarterly. Attendance numbers at these were reduced and communication was sent to relatives/friends to resolve - we acknowledge it will be a limited offer in comparison to pre-covid 19 work, but it will be safe for service users, friends and family. 7 families and 9 service users are able to attend and have access to tech. Next forum is planned for 20 September 2020.
- Contact preference sheet for relatives/friends is in place.
- The welfare and activity officers are completing surveys with service users and relatives. These will be reviewed quarterly by the Quality Assurance Manager and lessons learnt discussed with the Registered Managers. First review due end of September 2020.
- Communication has been well maintained during the peak of covid. Details:
 - All information re infection control has been shared in an easy read format or relevant language. Where we needed, family members liaised with the service user to explain the situation. Posters are displayed throughout the schemes re infection control. This information has been informed by guidance from NHS, LBH and PHE.
 - We have created monthly newsletters; the most recent one has included information about PPE and infection control. This has helped service users keep up to date with HwC and feel less isolated.
 - Where service users do not have capacity to manage infection control / personal care we have liaised as normal with relevant professionals.
 - Letters were sent to all service users and relatives explaining decisions made based on government guidance.

RAG key	
Red	Off track (progress and timeframes)
Amber	At risk of falling off track (progress and timeframes)
Green	On track (progress and timeframes)